24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)				PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Mississippi Conservatives				FEC IDENTIFICATION NUMBER ▼
Mississippi Conservatives				C C00554774
Check if 24-hour report 48-hour report	New repo	ort X Amends repo	ort filed on	10 29 2014
Full Name of Payee Natchez Democrat			D	ate of Public Distribution/Dissemination
				10 29 7 2014
Mailing Address 503 N Canal Street			A	mount
City Sta	tate	Zip Code	$ +$ Γ	1257.75
1 '	MS	39120		ransaction ID : SE.4947 late of Disbursement or Obligation
Purpose of Expenditure Newspaper Advertisment		Category/ Type 004		10 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office So	ought: House District:
Thad Cochran		Oppose		esident Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		7578.33	Disburse 2014	ement For: Primary X General Other (specify) ▶
Full Name of Payee			D	Date of Public Distribution/Dissemination
The Jackson Advocate				10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 3708			A	mount
City	tate	Zip Code	— [600.00
1 '	MS	39207		ansaction ID : SE.4942 Date of Disbursement or Obligation
Purpose of Expenditure Newspaper Advertisment		Category/ Type 004		10 / 29 / 2014
Name of Federal Candidate		X Support	Office So	ought: House District:
Thad Cochran		Oppose	Pr	resident State: MS
Calendar Year-To-Date Per Election for Office Sought		6320.58	Disburse 2014	ement For:
Company of the wined to depend on Evonneitures			Г	1057.75
(a) SUBTOTAL of Itemized Independent Expenditures			>	1857.75
(b) SUBTOTAL of Unitemized Independent Expenditures	3		·· •	7
(c) TOTAL Independent Expenditures			·· • [
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	or authorized			
Mr. Brian Perry	[Electron	ically Filed] Date	e 12	03 2014
Signature		_ · · · · · · · · · · · ·	,	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

	lule E)	TIONES		PAGE 2 OF 2 FOR SE OF FORM 24/48	
	OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
Miss	issippi Conservatives			C C00554774	
Check if	f X 24-hour report 48-hour report New rep	port X Amends repo	ort filed on	10 29 2014	
	Name of Payee ne Mississippi Link		М	of Public Distribution/Dissemination	
Mail	ling Address PO Box 11307		Amour	10 29 2014 nt	
City	State	Zip Code		600.00	
	ckson MS	39283		action ID : SE.4943 of Disbursement or Obligation	
	pose of Expenditure wspaper Advertisement	Category/ Type 004	M	10 29 2014	
Nan	ne of Federal Candidate	Support	Office Sought	:: House District:	
Tha	ad Cochran	Oppose	Preside	MC MC	
	Calendar Year-To-Date Per Election for Office Sought	5720.58	Disbursement 2014 Ot	For: Primary	
Full	Name of Payee			of Public Distribution/Dissemination	
Mai	ling Address		Amour	nt	
City	State	Zip Code		.,,	
Pur	pose of Expenditure	Category/ Type	Date o	of Disbursement or Obligation	
Nar	ne of Federal Candidate	Support	Office Sought		
	Calendar Year-To-Date Per Election for Office Sought		Disbursement		
(a) S	SUBTOTAL of Itemized Independent Expenditures		. •	600.00	
(b) S	SUBTOTAL of Unitemized Independent Expenditures		•		
(c) T	TOTAL Independent Expenditures		•	2457.75	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Si	Mr. Brian Perry [Electron	nically Filed] Date	12	03 / 2014	
Oi	A				